



NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY
Air Quality Division

INITIAL NOTIFICATION FORM

359
REC'D

SEP 01 2010

APCC

Applicable Rule: 40 CFR Part 63, Subpart ZZZZ - National Emission Standards for Hazardous Air Pollutants (NESHAP) for Stationary Reciprocating Internal Combustion Engines (RICE) - Promulgated 6/15/04, 1/18/08, & 3/3/10

Company Name Tyson Fresh Meats, Lexington

Facility ID# 8744

Owner/Operator/Title Tyson Foods, Inc.

Mailing Address 2200 Don Tyson Pkwy

City Springdale, AR

Zip 72762

Plant Address (if different than owner/operator's mailing address):

Street 1500 S. Plum Creek Pkwy

City Lexington

Zip 68850

Plant Phone Number (308) 324-8203

Plant Contact/Title Mark Sarratt - Complex Plant Manager

This form must be completed, signed and submitted to the following agencies:

NDEQ Air Quality Division
1200 'N' St. Atrium, Suite 400
Lincoln, NE 68509-8922

and

Region VII EPA – Air & Waste Management
901 N. 5th Street
Kansas City, KS 66101-2907

If your facility is located in Omaha or Lancaster County, you must submit a notification to the appropriate air pollution control agency in that area and Region VII EPA.

Provide the following information for the applicable stationary engine(s). Add additional tables or rows as needed.

Unit #	Engine Startup Date	Site Rating Brake Horsepower	Displacement (liters/cylinder)	Fuel(s) Combusted	Compression Ignition	Spark Ignition	Emergency	Limited Use
	May 2009	422	9	Diesel	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input checked="" type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES
					<input type="checkbox"/> YES	<input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input type="checkbox"/> YES	<input type="checkbox"/> YES
					<input type="checkbox"/> YES	<input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input type="checkbox"/> YES	<input type="checkbox"/> YES

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					<input type="checkbox"/> YES	<input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input type="checkbox"/> YES	<input type="checkbox"/> YES
					<input type="checkbox"/> YES	<input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input type="checkbox"/> YES	<input type="checkbox"/> YES

Source Classification - Check the box that applies:

- ☐ Facility is a major source of hazardous air pollutants (HAPs).*
- ☒ Facility is an area source of HAPs.*

**Note: A major source is a facility that has a potential to emit greater than 10 tons per year of any single HAP or 25 tons per year of all HAPs combined. All other sources are area sources. The major/area source determination is based on all HAP emission points inside the facility fence line.*

Is the engine(s) a new/reconstructed emergency or limited use engine and > 500 horsepower located at a major source of HAP ? ☐ Yes ☒ No

If YES, the engine(s) does not have any additional requirements under Subpart ZZZZ, but you must meet the requirements of 40 CFR Part 60 New Source Performance Standards Subpart IIII for Compression Ignition Engines or Subpart JJJJ for Spark Ignition Engines .

Source Type - Check the box that applies:

- ☒ New Source*
- ☐ Existing source*

**Note: To determine if you are a new or existing source, see the attached information following this form.*

Print or type the name and title of the Responsible Official for the facility:

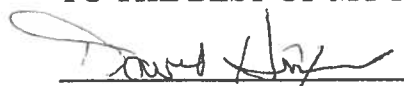
Name: David Hixson

Title: VP - Fresh Meats

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the plant;
- An owner of the plant;
- A plant engineer or supervisor of the plant;
- A government official, if the plant is owned by the Federal, State, City, or County government; or
- A ranking military officer, if the plant is located at a military base.

I CERTIFY THAT INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.


 (Signature of Responsible Official)

KD

8-30-10
 (Date)